Universal 911 Dialing- First Transition Report		
Please read instructions before completing Section 1		
Carrier Identification Information		
The state of the s		
Parent Company Name Elsie Communications, Inc.		
Service Provider Name		
Same		
Company Address, City, State, Zip		
101 Perkins Ave.		
Elsie, Nebraska 69134		
Service Provider Type Wireless	X Wireline	
Service Provider Type	A wifeline	
Nowe(a) of Wivelegs Ligense Helder(a)		
Name(s) of Wireless License Holder(s)		
Contact Name Kendall S. Mikesell		
Contact Tel # 620-584-2255		
Fax #		
620-584-2653		
E-mail Address		
kmikesell@sktc.net		
Section 2 Local Area 911 Implementation		
s List all individual local areas covered by this report (e.g., Lee	county, Virginia):	
Perkins County, Nebraska		

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.
Grant, Nebraska - Perkins County Sheriff's Office - (308) 352-4564.
Presently Elsie Communications, Inc. customers dial 911 to reach the above emergency service center.
(b) For each area listed above, provide details of the carrier's progress in completing translation and
other work necessary to route 911 calls to the identified emergency response point.
N/2
N/A
(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.
911 already in service.
911 already in Service.
Section 3 911 Implementation Problems
(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing
points. Describe any other operational problems carrier has experienced during the initial transition stages.
N/A
(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.
N/A

Section 4
Certification - To be signed by an authorized representative of the reporting entity
I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the
above-named company.
XX I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of the date of this report (the actual date of the implementation of 911 routing is unavailable).
Signature /s/ Roger G. Bales
Printed name of authorized representative: Roger G. Bales
Title: Director, Regulatory & Legislative Affairs, Kansas Consolidated Professional Resources, (Consultants on behalf of Elsie Communications, Inc.) (785) 228-9160
Date: March 8, 2002
This filing is: $old X$ original filing $oxedsymbol{\square}$ revised filing
PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.
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